LSO

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LAX
Los Angeles World Airports

GROUND TRANSPORTATION LICENSE AGREEMENT
INFORMATION FORM

Please type or print clearly.

1. Reason for Form: ☑ New Applicant ☐ Renewal ☐ Business Name Change ☐ Contact Change

List name on prior/current Agreement: _____

2. Type of Operator: (Check one only. Dual operations are not allowed.)

☑ TCP/Transportation Charter Party ☐ PSC/Passenger Stage Carrier ☐ Courtesy: ☐ Hotel ☐ Parking ☐ Rental Car Srv

3. State/Federal Authority: (Check and complete one only)

☑ TCP No: 24969 ☐ PSC No: _____ ☐ MCC No: _____

4. Type of Business: (Check one only. List legal name.)

☐ Individual/Sole Proprietor First Name: _____ Last Name: _____

☐ Partnership Partner 1-First Name: _____ Last Name: _____

Partner 2-First Name: _____ Last Name: _____

Partner 3-First Name: _____ Last Name: _____

☐ Limited Liability Company (LLC)/ Limited Partnership (LP) Name: _____

☑ Corporation (Inc.) Name: Black Car Network LLC

5. Operating Name/Doing Business As (DBA): *(No P.O. Box)*

Business Name: UrbanBCN Worldwide

Business Location Address: 1184 San Mateo Ave.

City: South San Francisco State: CA Zip: 94080

Business Phone No.: 415-494-8122 Business Email: info@urbanbcn.com

6. Company Contact (Contract Issues)**:**

Contact Name: David Uziel Title: President

Address: Same as above

City: _____ State: _____ Zip: _____

Phone No.: _____ Email: dave@urbanbcn.com

7. Company Contact (Finance)**:** ☑ Same as above

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email: _____

8. Company Contact (Permits/Operations)**:** ☑ Same as above

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email: _____

2019 MAY 21 PM 1:16

9. Authorized Signer:

The undersigned declares and certifies all information on this form is true and correct. The undersigned agrees to notify the Airport Permit Services Office immediately of any changes to the information on this form.

Authorized Signature: _____ Date: 5/14/19

Print Name: David Uziel Title: President

Office Use: Date Received: 5/21/19 ☐ Document Checklist Received Staff Initials: VF

Fillable form available at www.LAWA.org/GTPermits

REV. 1/2016

LSO

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NON-EXCLUSIVE LICENSE AGREEMENT BETWEEN
THE CITY OF LOS ANGELES AND

BLACK CAR NETWORK LLC dba URBANBCN WORLDWIDE

COVERING CHARTER PARTY CARRIER TRANSPORTATION
SERVICES TO AND FROM LOS ANGELES INTERNATIONAL AIRPORT

THIS NON-EXCLUSIVE LICENSE AGREEMENT (the "**License**"), made and entered into this _____ day of _____, 20____, by and between the CITY OF LOS ANGELES, a municipal corporation ("**City**"), acting by order of and through its Board of Airport Commissioners ("**Board**"),and BLACK CAR NETWORK LLC dba URBANBCN WORLDWIDE (**Licensee**"),

RECITALS

WHEREAS, City owns and operates Los Angeles International Airport ("**Airport**") in the City of Los Angeles, State of California;

WHEREAS, Licensee is 1) the holder of a charter party carrier permit issued by the Public Utilities Commission of the State of California ("**P.U.C.**"), authorizing Licensee to transport passengers to and from Airport on a pre-arranged charter basis with charges assessed on a vehicle mileage or time of use basis, or a combination of the two; or 2) the holder of authority granted by the United States Department of Transportation ("**USDOT**") to conduct similar transportation activities; or 3) the holder of an auto-for-hire permit issued by the City of Los Angeles Department of Transportation ("**LADOT**");

WHEREAS, Licensee desires to operate the previously described transportation service at Airport and to enter into this License with City in order to conduct such operations; and

WHEREAS, it is in the best interests of City and the traveling public to make such services available.

NOW, THEREFORE, in consideration of the use of the premises and of the covenants and conditions hereinafter contained to be kept and performed by the parties hereto, IT IS MUTUALLY AGREED AS FOLLOWS:

LICENSE

ARTICLE 1. SPECIFIC TERMS AND PROVISIONS

Section 1. **Term of License.** The term of this License shall be for five (5) years commencing _____, 20___ and terminate five (5) years from the date of commencement of this License (the "**Term**"), subject, however, to earlier termination, with or without cause, by either party upon thirty (30) days prior written notice to the other party and further subject to prior termination as provided herein.

Section 2. **Fees.**

2.1 Trip Fees. Except as hereinafter provided, Licensee shall pay to City the following trip fees ("**Trip Fees**") for the license rights granted herein for services rendered at Airport:

2.1.1 Vehicles shall pay the following Trip Fees according to its category as follows:

LLC-1

File # 200907110143

State of California
Secretary of State

LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION

A $70.00 filing fee must accompany this form.

IMPORTANT – Read instructions before completing this form.

FILED
In the Office of the Secretary of State
of the State of California

MAR 1 1 2009

This Space For Filing Use Only

ENTITY NAME (End the name with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)

1. NAME OF LIMITED LIABILITY COMPANY

Black Car Network, LLC

PURPOSE (The following statement is required by statute and should not be altered.)

2 THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT

INITIAL AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and both Items 3 and 4 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 3 must be completed (leave Item 4 blank).

3 NAME OF INITIAL AGENT FOR SERVICE OF PROCESS

Nadia Abdelfattah

4. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA

ADDRESS	CITY	STATE	ZIP CODE
1210 Capuchino Ave	Burlingame,	CA	94010

MANAGEMENT (Check only one)

5 THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY

- [x] ONE MANAGER
- [ ] MORE THAN ONE MANAGER
- [ ] ALL LIMITED LIABILITY COMPANY MEMBER(S)

ADDITIONAL INFORMATION

6 ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE

EXECUTION

7 I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED

03/11/2009
DATE

SIGNATURE OF ORGANIZER

Nadia Abdelfattah
TYPE OR PRINT NAME OF ORGANIZER

Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

18-E08536

FILED

In the office of the Secretary of State
of the State of California

DEC 13, 2018

This Space For Office Use Only

IMPORTANT — Read instructions **before completing this form.**

Filing Fee – $20.00

Copy Fees – First page $1.00; each attachment page $0.50;
Certification Fee - $5.00 plus copy fees

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

BLACK CAR NETWORK, LLC

2. 12-Digit Secretary of State File Number	3. State, Foreign Country or Place of Organization (only if formed outside of California)
200907110143	CALIFORNIA

4. Business Addresses

	City (no abbreviations)	State	Zip Code
a. Street Address of Principal Office - Do not list a P.O. Box 1184 San Mateo ave	south san francisco	CA	94080
b. Mailing Address of LLC, **if different than item 4a** 1184 San Mateo ave	south san francisco	CA	94080
c. Street Address of **California** Office, if Item 4a is not in California - Do not list a P.O. Box 1184 San Mateo ave	south san francisco	**CA**	94080

5. Manager(s) or Member(s)

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name **and** address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete Item 5b	Middle Name	Last Name	Suffix
David		Uziel	
b. Entity Name - Do not complete Item 5a			
c. Address 1184 San Mateo Ave	City (no abbreviations) South San Francisco	State CA	Zip Code 94080

6. Service of Process (Must provide either Individual **OR** Corporation.)

INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is **not** a corporation)	Middle Name	Last Name	Suffix
David		Uziel	
b. Street Address (if agent is **not** a corporation) - **Do not enter a P.O. Box** 1184 San mateo Ave	City (no abbreviations) South San Francisco	State **CA**	Zip Code 94080

CORPORATION – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company
Limousine Service

8. Chief Executive Officer, if elected or appointed

a. First Name	Middle Name	Last Name	Suffix
David		Uziel	
b. Address 1184 San Mateo Ave	City (no abbreviations) South San Francisco	State CA	Zip Code 94080

9. The Information contained herein, including any attachments, is true and correct.

12/13/2018	David Uziel	Member	
Date	Type or Print Name of Person Completing the Form	Title	Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:

Company:

Address:

City/State/Zip:

YOUR RETURN MAILING ADDRESS

NAME: BLACK CAR NETWORK LLC

ADDRESS: 1184 SAN MATEO AVE.

CITY: SOUTH SAN FRANCISCO STATE: CA ZIP CODE: 94080

2018 093990

FILED Apr 17 2018 EXPIRES Apr 17 2023

Dean C. Logan, Registrar – Recorder/County Clerk

Electronically signed by LILIA MURGUIA

FICTITIOUS BUSINESS NAME STATEMENT

TYPE OF FILING AND FILING FEE (Check one)

- ☐ Original- $26.00 (FOR ORIGINAL FILING WITH ONE BUSINESS NAME ON STATEMENT)
- ☒ Amended (New) Filing- $26.00 (CHANGES IN FACTS FROM ORIGINAL FILING- REQUIRES PUBLICATION)
- ☐ Refile- $26.00 (NO CHANGES IN THE FACTS FROM ORIGINAL FILING)

$5.00 - FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT, DOING BUSINESS AT THE SAME LOCATION $5.00- FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE OWNER

The following person(s) is (are) doing business as:

*1. URBANBCN WORLDWIDE 2.

Print Fictitious Business Name(s)

** 1184 SAN MATEO AVE. | 2073 WASHINGTON AVE.

Street address of principal place of business | Mailing address if different

South San Francisco CA 94080 SAN MATEO COU | Redwood City CA 94061

City State /Country Zip COUNTY | City State /Country Zip

Articles of Incorporation or Organization Number (if applicable): AI #ON

***REGISTERED OWNER(S):

1. BLACK CAR NETWORK LLC
Full Name/Corp/LLC (P.O. Box not accepted)
1184 SAN MATEO AVE.
Residence Address
SOUTH SAN FRANCISCO CA 94080
City State/Country Zip
CA
If Corporation or LLC - Print State of Incorporation/Organization

2.
Full Name/Corp/LLC (P.O. Box not accepted)
Residence Address
City State/Country Zip
If Corporation or LLC - Print State of Incorporation/Organization

3.
Full Name/Corp/LLC (P.O. Box not accepted)
Residence Address
City State/Country Zip
If Corporation or LLC - Print State of Incorporation/Organization

4.
Full Name/Corp/LLC (P.O. Box not accepted)
Residence Address
City State/Country Zip
If Corporation or LLC - Print State of Incorporation/Organization

IF MORE THAN FOUR REGISTRANTS, ATTACH ADDITIONAL SHEET SHOWING OWNER INFORMATION

****THIS BUSINESS IS CONDUCTED BY: (Check one)

☐ an Individual ☐ a General Partnership ☐ a Limited Partnership ☒ a Limited Liability Company
☐ an Unincorporated Association other than a Partnership ☐ a Corporation ☐ a Trust ☐ Copartners
☐ a Married Couple ☐ Joint Venture ☐ State or Local Registered Domestic Partners ☐ a Limited Liability Partnership

*****The date registrant started to transact business under the fictitious business name or names listed above: 01/2018
(Insert N/A above if you haven't started to transact business)

I declare that all information in this statement is true and correct.
(A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars ($1,000).)

REGISTRANT(S)/CORP/LLCNAME (PRINT) BLACK CAR NETWORK LLC TITLE President

REGISTRANT SIGNATURE IF CORP OR LLC, PRINT NAME DAVID UZIEL

If corporation, also print corporate title of officer. If LLC, also print title of officer or manager.

This statement was filed with the County Clerk of LOS ANGELES on the date indicated by the filed stamp in the upper right corner.

NOTICE - IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. EFFECTIVE JANUARY 1, 2014, THE FICTICIOUS BUSINESS NAME STATEMENT MUST BE ACCOMPANIED BY THE AFFIDAVIT OF IDENTITY FORM.

THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.

DEAN C. LOGAN, LOS ANGELES COUNTY CLERK BY: L. MURGUIA , *Deputy*

Rev. 01/2014 P.O. BOX 1208, NORWALK, CA 90651-1208 PH: (562) 462-2177 WEB ADDRESS: LAVOTE.NET